

BUSINESS LICENSE APPLICATION

TELEPHONE 209-736-2181

CITY OF ANGELS
584 S. Main St. - P.O. Box 667
Angels Camp, CA 95222

FAX 209-736-0709

Type or Print Clearly

BUSINESS NAME _____ TELEPHONE _____

MAILING ADDRESS _____ EMERGENCY PHONE _____

BUSINESS LOCATION (Physical Address) _____

TYPE OF BUSINESS _____

BUSINESS OWNER'S NAME _____

MAILING ADDRESS _____

DRIVER'S LICENSE # _____ CONTRACTOR'S LICENSE # _____ STATE I.D. _____

CALIF. BRD. OF EQUALIZATION # _____ OWNERSHIP TYPE (CHECK ONE):

FEDERAL ID OR S.S. # _____

FOR A BUSINESS INSIDE THE CITY LIMITS, answer below:

BUSINESS PREMISE OWNER _____ TELEPHONE _____

MAILING ADDRESS _____

WILL YOU HAVE A SIGN? YES _____ NO _____ **WILL THIS BE A HOME-BASED BUSINESS?** _____

An application for a business license must complete this application before a license is issued. An inspection of the premises may be required by the Fire Department (209) 736-4081) and/or Building Department (209) 736-1346) and/or Planning Department (209) 736-1346) before a license is issued. This Business License does not authorize occupancy. Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office.

I certify that the above statements are true to the best of my knowledge.

Applicant Signature _____ Date _____

OFFICE USE ONLY

APPROVALS

Building Dept _____ License # _____ Date Recv'd _____

Fire Dept _____ License Fee _____ Date Issued _____

Planning Dept _____ Receipt # _____ Lic. I.D. _____